

Assertive Community Treatment

ISSUE 12 FALL 2016

MO ACT NEWSLETTER

Hello from DMH

Burrell Behavioral Health:

Columbia TAY Team
Springfield Adult Team
Springfield TAY Team

Compass Health:

Nevada Adult Team
Raymore TAY Team
Crider St. Charles TAY

Family Guidance Center - St. Joseph

Ozark Center - Joplin:
Adult Team

Places for People

- St. Louis:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

St. Patrick Center - St. Louis

Ozark Center—
Joplin TAY

Hopewell—St.
Louis TAY

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Another new year is quickly upon us and with it comes exciting developments. Our ACT community is growing, as 3 more Transitional Age Youth (TAY) teams are on the horizon. Jefferson City, St. Charles and Columbia are all home to some of the new up and coming teams. We are excited to continue providing essential services to our TAY across the state. We now have a number of years of providing TAY ACT behind us and we continue to learn more about the unique needs of this special population. Our experiences in working with TAY helps us to better design and carry out services tailored to meet their unique needs.

In addition to growth, DBH is exploring opportunities to provide more training to better equip teams to provide evidence-based services to their individuals served. One particular area of focus is wellness management services. Teams are equipping themselves to provide wellness services through the use of Illness Management and Recovery (IMR), Individual Resiliency Training (IRT) and Wellness Recovery and Action Planning (WRAP). TAY teams in particular are making use of their specialized training in IRT to treat individuals experiencing first episode psychosis. Certified Missouri Peer Specialists are trained in the 5 Stage Recovery Process which enhances any wellness program within the team. DBH has offered trainings this year in WRAP, especial-

ly for the Peer Specialists, which also serves to enhance our wellness strategies in ACT treatment. Teams are utilizing the Stages of Change model to assist individuals with education and support to move forward in their own recovery.

We have additionally rolled out a number of brief training videos for new members of ACT teams. The video includes a PowerPoint presentation based directly from the TMACT protocol which introduces the new member to ACT, the ACT treatment philosophy and their particular role on the team. Additional training videos are being developed both for specific members on the team and for the full team to view.

DBH has a vision this year of bringing hope, opportunity and community inclusion to individuals, giving them the opportunity to pursue their dreams and live their lives as valued members of their communities. As we approach this goal, we continue to uphold ACT as one of the most exciting services offered in the state.

To be added to the distribution list for this newsletter, please click to contact lori.norval@dmh.mo.gov requesting the addition of your email address.

Post Traumatic Stress Conference!

March 1 & 2, 2017, St. Louis, MO

Vetta L. Sanders Thompson, PhD from Washington University

Professor Sanders Thompson is a leading researcher in the areas of racial identity, psychosocial implications of race and ethnicity in health communications, access to health services, and determinates of health and mental health disparities. She has built a unique record of research that combines a sophisticated social science understanding of racial identity, rigorous measurement, and community-based participatory research. She joined the Brown School in 2008 and currently serves as a member of the Faculty Advisory Council of the [Institute for Public Health](#) at Washington University.

For more information and to register for the program, go to the [TraumaticStressConference.com](#).



“Leadership is the capacity to translate vision into reality”

Warren Bennis



WELCOME NEW FACES AND TEAMS!

We want to welcome those individuals that have recently joined our ACT teams!

Compass Health Adult Nevada Team:

Michelle Roehrs – Temp CSS

Places for People FACT:

Amy Landes – RN

Places for People Home Team:

Lance Simpson – CSS

Donnie Winget – Vocational Specialist

Places for People Impact Team:

Karen Brockman – RN

Leah Gunter – RN

Autumn Roque – ANP

Carlie Ervin – CSS

Hopewell TAY team:

Lakisha Sabina – RN

Tianis Hill – CSS

Angela Coleman-

Gladney – Substance Use Specialist

St. Patrick Center team:

Burrell Adult Team

Springfield:

Catherine Irby – Program Assistant

Burrell TAY Team Springfield:

Kristen McFarlin – CSS

Marshall Dupont – CSS

Family Guidance:

Christopher Thornton – Substance Use Specialist

Compass Health TAY team Raymore:

Shelly Miller – RN

Compass Health TAY Jefferson City

Natile Walker – Team Leader

Gaurav Kulkarni – Physician

Tara Beltz – RN

Ozark Center Adult Team:

Vanessa Merrill – Peer Specialist

Places for People ACT 1 Team:

Jennifer Chiappa – CSS

Linda Alexander – Peer Specialist

Stacey Meliere – RN

ACT Tips & Tools of the Trade

Missouri ACT is on the web!

<http://dmh.mo.gov/mentalillness/provider/act.html>



Retention of clients on teams is a high priority in ACT. Clients referred typically have had difficulty partnering in other types of treatment or are at high risk for dropping out of the team. A drop out is defined as a person who moves away without the team's involvement, incarceration, "firing" the team, transfer to more restrictive services (excluding physical deterioration requiring skilled care) or persons whom

the team cannot find. Teams strive to retain 95% or more of it's case-load in a 12 month period. (successful transition into lesser intensive services are not considered drop-outs).

Retention requires that the team be skilled in engagement efforts and techniques so that clients understand how their services and participation in the team will look. Most individuals have not had experience

being in treatment with a trans-disciplinary team such as ACT. Therefore, orienting them early on and helping them understand the benefit of this type of treatment is paramount to increasing their comfort in receiving services. In addition, teams must be adept at Motivational Interviewing and staging of treatment so that interventions are applied that match to the client's stage of treatment readiness.

TEAM MEMBER SPOTLIGHT



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/men-talillness/transitionalageyouth.html>



Follow PACTwise team solutions' blog for interesting articles written by fellow ACT staff with over 30 year's experience in the field at: <https://pactwiseblog.com/>

Name: Tim McKay

Team: ACT-1 Places for People

Position: Team Leader/
Occupational Therapist

How long have you been on the team? 8 years

What is your favorite food? Potato Skins

What is your favorite part about being on an ACT team?

The collaboration with other team members. I don't feel like I am out on an island if I am having difficulty working with a client or need support with an issue. There is always a resource on the team for me to turn to for help.

What is something you would like to share with other teams?

My wife is pregnant with our third child. We will be having our second son to go with our daughter. My daughter has started calling the baby George, but that will not be his name. We are not correcting her because we want the name to be a surprise and if we tell her the actual name, she will ruin the surprise.



TMACT Corner

Wellness Management and Recovery Services (EP3)

Wellness services are a formal, manualized approach to working with clients to build and apply skills related to their recovery. Examples of these services include Wellness Recovery Action Plans (WRAP), provision of Illness Management and Recovery (IMR) or Individual Resiliency Training (IRT). If the team is doing wellness and recovery in group or individualized formats and ensuring that documented visits reflect such interventions with at least 20% of the entire team caseload, then high fidelity to the ACT model in this area can be expected.

You can receive ACT specific technical assistance from DMH. Contact Lori Norval, Lori Franklin, Kelly Orr or Susan Blume. They are happy to assist!

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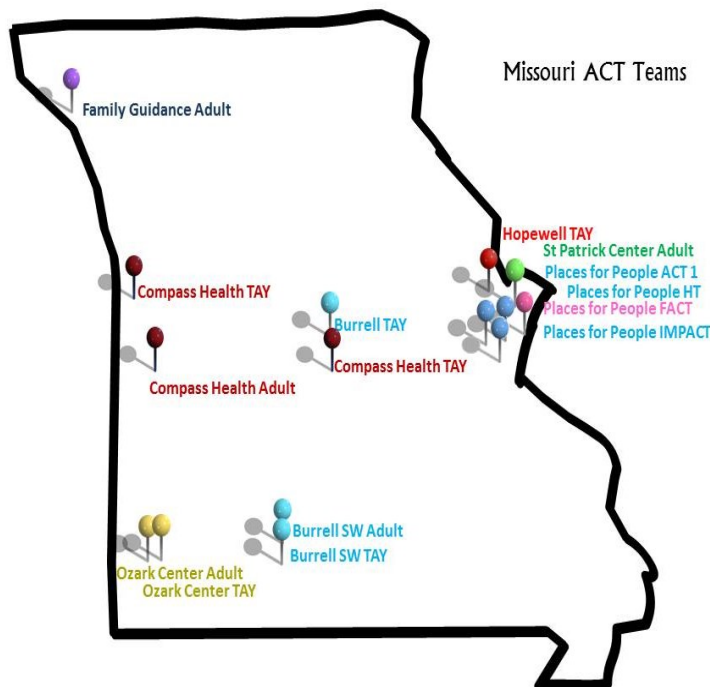
Save the date!**MIMH Spring Training Institute 2017****June 1 & 2 at Tan-Tar-A Resort in Osage Beach, MO****For more information go to <http://www.springtraininginstitute.com/>****RESOURCES****Center for Evidence-Based Practices at Case Western Reserve University**<http://www.centerforebp.case.edu/>**Individual Resiliency Training (IRT)**<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>**Copeland Center for Wellness and Recovery**<http://copelandcenter.com/wellness-recovery-action-plan-wrap>**Dartmouth Supported Employment Center**<http://www.dartmouthips.org/>**Missouri Peer Specialist**<http://www.peerspecialist.org/peerspecialist1.0/default.aspx>**SSI/SSDI Outreach, Access and Recovery (SOAR)**<http://soarworks.prainc.com/>**Missouri Recovery Network**www.morecovery.org**DMH Contact Information:**

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To access the free
and downloadable
**Supported Hous-
ing Toolkit** on the
Substance Abuse
and Mental Health
Services Admin-
istration
(SAMHSA) web-
site:

[CLICK HERE](#)

Take the free
**SOAR
online
training
course** by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Collaborative Documentation for ACT

Collaborative documentation is not a new concept in mental health treatment. Many CPRC programs have been using this method for some time. ACT teams should also consider this strategy as an enhancement to client's services as well. Collaborative Documentation is an extension of processes already in place on ACT teams. Individualized Treatment Planning is already a specific activity used on teams to invite and encourage client participation in their own treatment development. Both pre-planning and final planning documents are collaboratively written. Collaborating in progress note writing is a natural second step in the process. It should be something the team makes comfortable and as interactive as possible without interfering with the planned visit and interventions. Strategies used include addressing the progress note development at the end of the visit, face to face with client/family, sharing the creation of the note. The process should be fully described ahead of time to clients and/or families so they understand what to expect and how their input can enhance the collaborative process. To author a note, there should be an effort made to en-

sure that there is shared understanding of the service that was provided and that the note captures the recounting of it as interpreted by the client and staff. It should relate to the planned interventions within the treatment plan. The client and family should feel free to add to the note as they feel comfortable. Collaborative documentation should serve to improve accuracy, quality and client engagement in treatment, as well as contribute to more positive outcomes for the client.

Reports from the field in using collaborative documentation are positive. Many clinicians on teams have found a comfortable strategy of introducing this process and implementing it at the end of visits with minimal awkwardness or discomfort. It takes time but with practice, collaborative documentation can be an effective way to enhance services on teams.

For the DMH memo about collaborative documentation, follow this link: <http://dmh.mo.gov/docs/mentalillness/collaborativedocumentation.pdf>

2017 REMINDER!!! SOCIAL SECURITY WILL BE PROVIDING INCREASES FOR RECIPIENTS EFFECTIVE JANUARY 2017. REMEMBER TO REVIEW THESE WITH YOUR CLIENTS AND ASSIST WITH ANY SUBSIDY ADJUSTMENTS OR WAGE EARNING CALCULATIONS IT MAY EFFECT.



Arts & Literature

Expression



Creativity



By Jess from Joplin TAY

**RESERVED FOR
YOUR SPECIAL
CLIENT ART**